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| Title of Meeting | Meeting of the Public Health Agency Governance and Audit Committee |
| Date | 11 June 2021 at 12pm |
| Venue | 12/22 Linenhall Street |

Present

- Mr Joseph Stewart - Chair *(via video link)*
- Ms Deepa Mann-Kler - Non-Executive Director *(via video link)*

In Attendance

- Mr Stephen Wilson - Interim Director of Operations
- Ms Karen Braithwaite - Senior Operations Manager (Delivery)
- Ms Andrea Henderson - Assistant Director of Finance, HSCB *(via video link)*
- Ms Tracey McCaig - Interim Director of Finance, HSCB *(via video link)*
- Mrs Catherine McKeown - Internal Audit, BSO *(via video link)*
- Mr Roger McCance - NIAO *(via video link)*
- Ms Christine Hagan - ASM *(via video link)*
- Mr Robert Graham - Secretariat

Apologies

- Mr John Patrick Clayton - Non-Executive Director

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| 26/21 | Item 1 – Welcome and Apologies | |
| 26/21.1 | Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton. | |
| 26/21.2 | Mr Stewart advised that as Mr Clayton was not able to attend, the annual meeting between Non-Executive Directors and Internal and External Audit would take place at a later date. | |
| 27/21 | Item 2 - Declaration of Interests | |
| 27/21.1 | Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared. | |

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| 28/21 | Item 3 – Minutes of previous meeting held on 15 April 2021 | |
| 28/21.1 | The minutes of the previous meeting, held on 15 April 2021 were approved as an accurate record of that meeting. | |
| 29/21 | Item 4 – Matters Arising | |
| | <i>17.21/1 Future PHA Finance Function</i> | |
| 29/21.1 | Mr Stewart said that it was his understanding that a paper containing proposals regarding the above is currently with the Minister. Ms McCaig confirmed that this was the case and that no decision has been made as yet. | |
| | <i>19/21.3 Annual Report</i> | |
| 29/21.2 | Mr Stewart asked that when the Annual Report is discussed later in the meeting, Mr Wilson highlight any changes to members. | |
| | <i>21/21.22 Assurance Framework</i> | |
| 29/21.3 | Mr Stewart advised that he had not had the chance to follow up on his concerns about the Assurance Framework and felt that this may be a matter for consideration by the full Board, possibly as part of a workshop. | |
| | <i>22/21.4 Information Governance Training</i> | |
| 29/21.4 | Mr Stewart asked if there was an update on the Personal Data Guardian (PDG) training. Mr Wilson advised that Ms Braithwaite had followed up on this. Ms Braithwaite said that she had made enquiries through the Regional Advisory Committee and has informed the Committee that PHA would wish to be included in any future training that is organised. | |
| | <i>20/21.4 Divergence re Muckamore</i> | |
| 29/21.5 | Ms Mann-Kler asked if a reference to Muckamore had been included in the final Governance Statement. Mr Wilson undertook to check this in advance of the Board meeting on 17 June. | Mr Wilson |
| 30/21 | Item 5 – Chair’s Business | |
| 30/21.1 | Mr Stewart advised that he had no Chair’s Business. | |

31/21 Item 6 – Internal Audit

Progress Report [GAC/19/06/21]

- 31/21.1 Mrs McKeown presented the latest Progress Report and advised that Internal Audit completed its planned programme of work for 2020/21. She said that since the last meeting one audit has been completed, that relating to the contract tracing service, where a satisfactory level of assurance was given.
- 31/21.2 Mrs McKeown explained that as part of the contact tracing audit a sample of cases was looked at and for the most part tracing staff followed the agreed processes. She noted that when the number of cases began to surge in October/November, the recruitment process had to be truncated but PHA worked closely with BSO to ensure that everything was done appropriately and a sample showed that all the required pre-employment checks were carried out and staff were trained appropriately.
- 31/21.3 Mrs McKeown said that there were four key findings from the audit. She explained that because the responsibility of the contact tracing centre has not yet transferred from the Department of Health to PHA, the PHA Chair should liaise with the Department to ensure that there is clarity about the role of the PHA Board and should also agree reporting requirements and KPIs with the Chief Executive. In terms of recruitment, she said that the workforce plan should be updated. She outlined some findings taken from a sample of cases, and while she conceded that the sample was small, she explained that it was a targeted sample where auditors were looking at cases where they thought that contact had not been made with the relevant individuals. She reported that the final finding related to the need to get written procedures in place for processing timesheets.
- 31/21.4 Mr Stewart said that it is important that this report is seen in the context of the pandemic and the need to establish a sizeable resource in a short period of time in the interest of the public good. He added that while it is important that recruitment exercises are carried out correctly, there is a balance to be struck between that and putting lives at risk given the urgent need to get the centre up and running. He said that he would wish it to be reflected that the Committee fully understands and appreciates the stress on the staff involved in the running of the service given the pressures they are under physically, emotionally and politically and that this should be put on record.

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| 31/21.5 | Mr Stewart went through each of the recommendations in the audit in turn beginning with the matter of the Chair engaging with the Department. He said that he would be keen to pursue this matter with the Chair and the wider PHA Board and would raise this at the next meeting. He added that he would be keen to speak to the Interim Chief Executive about what KPIs may be appropriate. | Mr Stewart |
| 31/21.6 | Ms Mann-Kler echoed the comments of Mr Stewart in expressing the gratitude of the Committee to the staff involved in setting up the service so quickly. She added that although certain processes were speeded up thereby increasing the exposure to risk, the audit has been useful in providing assurance to members and given the uncertainty of the next few months and the potential for another surge, any learning can be implemented going forward. | |
| 31/21.7 | Ms Mann-Kler said that the issues of getting clarity on the role of the PHA Board and the transfer of the service to PHA need to be dealt with urgently and she noted that any learning needs to be passed on to the incoming Chief Executive so there is no loss of corporate memory. In terms of the KPIs, she said that these need to be meaningful and impactful. She reiterated her gratitude to the staff who helped set up the service and said that she hoped that they had found the audit helpful in terms of reviewing their systems. Mr Stewart said that it was useful to carry out the audit at this time so that there is an assurance and going forward, it is important that the Committee knows the status of the service going forward. | |
| 31/21.8 | Mr Stewart said that while it is gratifying to note BSO's support in recruitment, there is a need for a workforce plan and he looked forward to seeing this as soon as possible. He said that he would discuss this with the PHA Chair. | Mr Stewart |
| 31/21.9 | Mr Stewart expressed concern about how effective the service is at following up with individuals and he felt that the management response did not address the recommendation and it did not make reference to spot checking. Mr Wilson advised that he passed on this comment to the Deputy Director of the service to get that assurance and was advised that the implementation of this recommendation is in hand and that contact has been made with the Kainos to look at the software issues. Mr Stewart noted that the implementation of the recommendation will be picked up in future progress reports. | |
| 31/21.10 | Ms Mann-Kler noted that it would be difficult to measure performance in terms of individuals self-isolating as these | |

individuals may choose not to self-isolate due to a range of factors e.g. income. She said that any KPIs developed by PHA should be ones that are within PHA's control and reflect lived experience. Mr Stewart added that he would expect the Executive Directors to bring KPIs to the Board for it to consider whether they are reasonable and within scope. Mr Wilson pointed out that the services produces regular reports on its performance which are publicly available, and there are KPIs which are measured by the Department, but he took on board the point that there are factors that are within PHA's control and others that are not. He added that PHA has to try to work with other departments, for example to ensure that income payments are available, but he assured members that all of these issues are considered by the Test Trace Protect Oversight Board. Furthermore, he advised that the Chief Medical Officer meets with the Agency Management Team on a fortnightly basis. He said that PHA is keen to explore the issue of accountability which has been picked up by Internal Audit.

31/21.11 Mr Stewart said that he has nothing further to add on the final recommendation relating to the development of procedures.

31/21.12 Mr Stewart thanked Mrs McKeown and her staff for their work in carrying out this audit and for the Report.

31/21.13 Members noted the Internal Audit Progress Report.

Head of Internal Audit Annual Report [GAC/20/06/21]

31/21.14 Mrs McKeown presented the Report and began by noting that during 2020/21, Internal Audit had fallen slightly short of its target of having 75% of reports completed within five weeks of issue. She noted that one report was significantly amended between the draft report and final report stage and this can occasionally happen.

31/21.15 Mrs McKeown reported that a total of five audit assignments had been completed and that in all five a satisfactory level of assurance was given and there were no significant findings. She outlined the follow up work that had taken place and noted that at the last meeting she had informed members that she would bring the report on the recruitment shared services centre. She said that this audit was now complete and there were no specific issues.

31/21.16 Mrs McKeown said that overall she is providing a satisfactory assurance for PHA.

- 31/21.17 Mr Stewart thanked Mrs McKeown and her team for this Report and he also thanked the Executive Directors for their work to achieve this outcome given the year that has passed. Ms Mann-Kler echoed this saying that from a governance and risk point of view and in her role as Non-Executive Director, it is reassuring to have this satisfactory level of assurance. Mrs McKeown said that she wished to record her thanks to the Executive Directors for their co-operation during the audits.
- 31/21.18 Members noted the Head of Internal Audit Annual Report.
Internal Audit Strategy incorporating the Internal Audit Plan 2019/20 to 2021/22 [GAC/21/06/21]
- 31/21.19 Mrs McKeown recalled that members had considered this paper at the previous meeting and that no further amendments had been made following that meeting.
- 31/21.20 Members noted the Internal Audit Strategy incorporating the Internal Audit Plan 2019/20 to 2021/22
Internal Audit Charter [GAC/22/06/21]
- 31/21.21 Mrs McKeown explained that the Internal Audit Charter is a formal document which all Internal Audit Services are required to have and should be brought to the Governance and Audit Committee on a regular basis. She added that it has been two years since it was last brought to the Committee.
- 31/21.22 Mrs McKeown advised that the Charter outlines the purpose of Internal Audit and the role of the Head of Internal Audit. She said that the only update to this Charter is that there has been additional narrative added into the section on quality assurance and improvement.
- 31/21.23 Mr Stewart asked if this Charter would be reflective of Charters across the HSC as a whole. Mrs McKeown explained that there is only one Internal Audit service and this Charter would apply equally to all HSC bodies.
- 31/21.24 Members **APPROVED** the Internal Audit Charter.
- 32/21 Item 7 – Finance**
Annual Report and Accounts
- 32/21.1 Ms McCaig took members through the Annual Report and Accounts. She noted that a draft had been shared with

- members prior to submission to the Northern Ireland Audit Office and when going through the document she would highlighted changes and any other updates that link with the Report to those Charged with Governance.
- 32/21.2 Ms McCaig said that information from the accounts feeds into a number of the sections of the Annual Report and she went through this section first.
- 32/21.3 Ms McCaig advised that the first part of the Report following the Chair and Chief Executive's forewords is an analysis of the work PHA has undertaken during the year. She noted that the Report is slightly different this year in that there is a significant focus on PHA's role in the response to COVID-19. She said that the next part looks at PHA's financial performance and contains information on PHA's net expenditure by programme area. She advised that at next week's Board meeting members will have the opportunity to go through the financial plan for 2021/22. She noted that PHA's prompt payment performance fell slightly below the 95% target, but she felt that given the circumstances of this year, the performance was very good.
- 32/21.4 Ms McCaig said that the next section is the Directors' Report which contains biographies of all Board members and highlights any relevant disclosures.
- 32/21.5 Ms McCaig moved on to the Governance Statement which she explained is in a standard format for all ALBs. She drew members' attention to the internal control divergences and advised that wording is awaited from the Department to be inserted in the divergence relating to finance. She said that new divergences have been included this year relating to HSCQI, staff resilience and cyber security following the recent incident at Queen's.
- 32/21.6 Ms McCaig advised that the Remuneration Report outlines senior executive pay as well as the membership of the Remuneration Committee. She noted that the remuneration of Non-Executive Directors is also included as well as fair pay disclosures. She advised that the ratio between the median remuneration and the highest paid remuneration has increased, and that the total staff cost has increased significantly. She added that this also takes into consideration the cost of the staff recognition payment. She also made reference to the McCloud judgement regarding pension costs.
- 32/21.7 Ms McCaig said that the net average number of employees has increased, mainly due to the contact tracing staff, and

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| | <p>that no exit packages were agreed this year. She reported that the sickness absence figure for the year was 2.39% which was lower than the previous year. She highlighted the staff turnover percentage and the split between voluntary and involuntary turnover. She explained that the Report now contains information on staff engagement.</p> | |
| 32/21.8 | <p>Ms McCaig said that at this stage she was not aware of any remote contingent liabilities. She advised that following that section of the Report, the audit certificate will be inserted.</p> | |
| 32/21.9 | <p>Mr Stewart thanked Ms McCaig for taking members through the Report and commented that although it is an excellent Report, it is not a document that will be read by most of the general public and therefore he hoped that PHA could produce its own Report. Ms Mann-Kler noted that there had been discussions about a lighter version of the Report, but from reading this Report she was impressed by how comprehensive it was and how it showed the amount of work that PHA staff have undertaken over the last year. She said that she was sure that staff were exhausted. She added that it should be commended that there were only three complaints in the last year.</p> | |
| 32/21.10 | <p>Ms Mann-Kler paid tribute to the work of Mr Wilson's team in how it has fully utilised the campaigns budget as campaigns are so critical to the work of the Agency. She said she was pleased that a section had been included in the Report which looks to the future. She noted that it was unfortunate that screening programmes had to be paused and said that there is a need to get these back up and operational.</p> | |
| 32/21.11 | <p>Ms Mann-Kler said that she was pleased to see that there was more information on staff, but asked if there was a duty to report on equality and diversity information in terms of a breakdown against different grades of staff. Mr Stewart said that he had raised this issue with the Chair. Ms McCaig explained that there is a challenge for PHA in this regard because by breaking this information down by grade it could potentially make staff identifiable. She suggested that Mrs Paula Smyth in BSO HR may be able to assist with this. Mr Stewart said that this is an area of particular interest to himself and Ms Mann-Kler and that he would raise it at the confidential section of the next Board meeting. He asked the auditors if there was any particular requirement in this area. Mr McCance said that there is guidance within the Financial Reporting Manual and that HSC bodies will be asked to implement this.</p> | Mr Stewart |
| 32/21.12 | <p>Mr Stewart noted the reduction in the rate of absenteeism</p> | |

- and asked whether any analysis on this had been undertaken to determine if there was a link between this and staff not wishing to take absence due to the pandemic, or because of home working. Ms McCaig said that this was another area that Mrs Smyth could assist with.
- 32/21.13 Ms McCaig moved onto the Accounts section of the Annual Report and reported that PHA's end year position showed a surplus of £106k which represents a break even position. She noted that PHA received £8m of additional funding this year. In the information accompanying the figures, she advised that there is a reference to some accounting standards that PHA has not yet adopted.
- 32/21.14 Ms McCaig said that the next section showed a breakdown of PHA's expenditure across a range of areas. She explained that the staff costs have increased due to PHA taking on more staff. She advised members that since the draft accounts were produced a "netting off" of £1.5m of R&D funding has been amended. She moved onto the note on trade receivables and said that there were some invoices owed to PHA and in terms of monies owed to other organisations, she said that this has increased by almost £5m.
- 32/21.15 Ms McCaig referenced the section on contingent liabilities and advised that although there may be a financial risk to the HSC as a result of the cyber incident at Queen's, she did not expect this to be significant. She added that this has been recorded in the same way in the HSCB Annual Accounts. Under capital expenditure she noted that there was an underspend of £248k, but PHA remained within its break even position.
- 32/21.16 Ms McCaig thanked PHA, and in particular the Operations staff for their work in completing the Annual Report and to her own team for producing a quality set of accounts in such a short period of time. She thanked Ms Hagan and Mr McCance for their support and challenge during the audit.
- 32/21.17 Mr Stewart put on record his thanks to Ms McCaig and her team and to the Executive Directors and their staff for achieving a break even position. He noted that it was an uncertain picture up until the last moment given the fluctuation in the COVID-19 expenditure and not knowing if all of the costs would be met.
- 32/21.18 Ms McCaig suggested that as a next step members consider the draft Report to those Charged with Governance.

- 33/21** **Item 8 – External Auditor’s Report to those Charged with Governance**
- 33/21.1 Mr McCance advised that this draft Report outlines the findings of the audit and was completed in a tight timeframe, and he thanked ASM for their work in completing the audit. He invited Ms Hagan to take members through the Report.
- 33/21.2 Ms Hagan began by thanking Ms McCaig, Ms Henderson and Ms Davidson for their assistance with the audit. She conceded that carrying out the audit remotely was challenging but the exit meeting was held in person. She said that the Report was a positive one, and acknowledged that this has been a challenging year for PHA. She added that she was pleased to note that PHA had achieved a break even position and following the audit of the accounts PHA has received an unqualified audit opinion with no modifications. She advised that there were no misstatements, no irregular expenditure and there will be no report on the accounts from the Comptroller and Auditor General (C&AG). She added that there were no priority one, two or three findings emanating from the audit.
- 33/21.3 Ms Hagan advised that the Report remains in draft form with some residual matters to be resolved. She said that a final review of the accounts will take place before the PHA Board meeting next week.
- 33/21.4 Ms Hagan confirmed that ASM is an independent auditor. She noted that there was one data handling incident over the last year, which related to Queen’s University, and this has been noted in the financial statements. She confirmed that the request today is for the Committee to review the findings of the audit, including the draft letter of representation which will be signed by the Chief Executive and the draft audit certificate.
- 33/21.5 Ms Hagan advised that ASM carries out its work in compliance with national standards. She said that there were no changes to the audit strategy and no issues were found in relation to the significant risks identified in the strategy. She added that the next section of the Report outlines a summary of the key findings which contains a number of positive messages about how smooth the audit was. She said that the Annual Report and Accounts have been prepared in line with the guidance. She added that there were no issues with regard to impropriety and no material weaknesses brought to the attention of the auditors.
- 33/21.6 Ms Hagan said that in summary there are no priority one,

two or three recommendations emanating from the audit and there were no recommendations that required to be followed up from last year. She advised that the next section contained some further detail about the classification issue which was now fully disclosed in the accounts. She said that the Report concluded with the draft letter of representation and the draft audit certificate.

33/21.7 Mr Stewart thanked Ms Hagan for the Report and said that it was pleasing to see a clean audit and to note that this is the second successive year there have no priority one, two or three findings.

33/21.8 Members noted the External Auditor's Report to those Charged with Governance.

32/21 Item 7 – Finance (continued)

32/21.19 Ms McCaig asked if members were content to recommend the Annual Report and Accounts for approval by the Board.

32/21.20 Members **APPROVED** the Annual Report and Accounts which will be brought to the PHA Board meeting on 17 June.

Fraud Liaison Officer Report [GAC/23/06/21]

32/21.21 Ms Henderson informed members that there were no new cases of fraud since the last Report. She updated members on the National Fraud Initiative and advised that the high risk data matches exercise has been completed and that Payroll has completed one of the three investigations into relevant matches. She added that an update on the two outstanding cases will be provided at the next meeting, but there is no evidence of any fraud.

32/21.22 Ms Henderson advised that information on fraud awareness was circulated to all PHA staff and that a further communication will issue regarding an annual awareness programme.

32/21.23 Mr Stewart sought clarity that are two investigations ongoing. Ms Henderson confirmed that this is the case and she will update on these at the next meeting.

32/21.24 Members noted the Fraud Liaison Officer Update Report.

34/21 Item 9 – Corporate Governance

Corporate Risk Register [GAC/24/06/21]

- 34/21.1 Mr Stewart said that he and Ms Mann-Kler were both pleased to note that the Corporate Risk Register is now seen as a “live” document.
- 34/21.2 Mr Wilson advised that this version of the Register is as at 31 March 2021 and following the most recent review no new risks have been added and one risk, that relating to the PHA Intranet, has been de-escalated to the Operations directorate risk register. He also advised that four risks have been reduced in rating from “high” to “medium”.
- 34/21.3 Mr Stewart thanked Mr Wilson for the update and said that he was content with the decision to reduce the rating of those four risks. He sought more clarity on the rationale for de-escalating the risk regarding the Intranet. Mr Wilson explained that previously the Intranet was hosted on a platform that was unstable and over the last year a lot of work has taken place to new a develop a new Intranet and there is a reassurance that is now on a more resilient platform. He advised that the new Intranet has not yet been fully signed off as there are some outstanding issues relating to the ability to put information from PHA’s social media channels onto the new site. However, he said that it was felt appropriate to de-escalate because in the event of an outage, the content is already stored on the new site. Mr Stewart thanked Mr Wilson for the clarification.
- 34/21.4 Ms Mann-Kler welcomed the summary covering paper outlining the changes and the tracking within the paper indicating where changes have been made. She suggested that risk 57, relating to PHA leadership should be reduced in rating as PHA is in a different place than it was previously. However, she noted that the term of the PHA Chair is due to finish at the end of November and there is a need to have continuity. Mr Stewart said that that risk should be reviewed by the Board as a whole. Mr Wilson noted that the risk represented the position as at the end of March, but since then a new chief Executive has been appointed.
- 34/21.5 Members **APPROVED** the Corporate Risk Register which will be brought to the PHA Board meeting on 17 June.

At this point Ms Davidson left the meeting.

Nursing Directorate Risk Register [GAC/25/06/21]

Mr Rodney Morton and Ms Denise Boulter joined the meeting for this item.

- 34/21.6 Mr Morton presented the nursing directorate risk register and advised that one new risk had been added, that relating to the recruitment of vaccinators which he, as Director, is overseeing. He informed members that since he took up post he has not had the opportunity to go through the register in detail and that where previously there was a Planning and Project Manager who would have carried out that role, he had asked one of his Assistant Directors, Ms Boulter, to do this. He added that once an in-depth review has been carried out, he did not anticipate that many of the risks would remain on the register. He advised that Ms Boulter is going through the risks in detail as some of them are 10 years old. He noted that the risk relating to staffing will change because under the Department's Delivering Care programme a number of posts will be coming to PHA and although there may be a risk in terms of getting them filled, filling them will address some of the staffing issues.
- 34/21.7 Mr Morton explained that in line with a framework agreement set up by the Department of Health in June 2020 PHA was asked to undertake a programme of recruiting vaccinators. He said that PHA set up this programme and obtained approval from the Department to carry out this work. He added that in terms of PHA's interface with general practice, an agreement was drawn up, which was reviewed by the Directorate of Legal Services. Furthermore he said that PHA sought to ensure that all relevant documentation was in place including a business case and the approval by PHA's Scrutiny Committee to recruit these individuals, and that there is a robust exit strategy in place. He added that PHA is awaiting the outcome of the Internal Audit review and that any identified learning will be taken on board. He said that no further work will be carried out until the findings of the audit are known.
- 34/21.8 Mr Stewart said that he got the sense that there is greater confidence in terms of the level of risk to PHA and that this work is getting to a better place. Mr Morton agreed that the level of risk has reduced significantly, but it would be wrong to say that there remains no risk because in the event of an incident involving a vaccinator working in primary care, there would be a liability for PHA. Mr Stewart said that he looked forward to seeing the audit report.
- 34/21.9 Mr Stewart said that he was pleased that Mr Morton's team

- is taking time to delve into the nature of the other risks and the antiquity of them. He suggested that perhaps it was not the ideal time for this register to be presented to the Committee. He queried whether risks that are 8/9 years old are properly rated, or if they remains risk at all.
- 34/21.10 Ms Mann-Kler said that in a similar vein to contact tracing, PHA was asked to set up a programme in a short space of time that is designed to save lives. She said she felt more assured seeing that there is a governance framework in place and an MOU with Trusts. She felt that there appeared to be a blurring of boundaries and it would not have been appropriate to allow that to side track this important work. She added that it was an appropriate time to undertake this audit and she looked forward to seeing the report.
- 34/21.11 Mrs McKeown advised that she is currently reviewing the report of the audit and once it is signed off she will share it with Mr Stewart.
- 34/21.12 Mr Morton commented that the issue of blurred lines will be a critical issue going forward and is not unique to his directorate. He made reference to the amount of work that his directorate is involved in that is HSCB-facing and with the migration programme, he is not clear what any future arrangements will look like. He expressed concern about the impact of any new arrangements and potential disruption for his team. He said that in terms of areas such as service delivery, service reform and the commissioning agenda there are risks for both his team and so the work of his team needs to be put in the context of the public health agenda.
- 34/21.13 Mr Morton informed members that there have been some significant changes to his team at Assistant Director level and he conceded that there is work to be done in terms of bringing reports to the Agency Management Team and Board meetings as appropriate to ensure the Board is fully sighted and to improve communication with the Board on any changes going forward.
- 34/21.14 Mr Stewart thanked Mr Morton for his openness and agreed that the risk should be more formally articulated on the directorate risk register. He noted that the migration project and the implications for PHA, is already on the Corporate Risk Register but it could be expressed in the terms described by Mr Morton. Ms Mann-Kler supported this view and said that PHA is aware of any issues, it should aim to mitigate them. Mr Morton undertook to look at this and review the risk within the directorate risk register and on the Corporate Risk Register.

- 34/21.15 Mr Morton asked if members had any further queries on the register. Mr Stewart thanked Mr Morton for his overview and said that he looked forward to seeing the updated directorate risk register following its in-depth review and that Mr Morton would be invited back to a future meeting.
- 34/21.16 Members noted the Nursing Directorate Risk Register.
- Update on Use of Direct Award Contracts [GAC/26/06/21]*
- 34/21.17 Mr Wilson advised that PHA has a system in place for recording and monitoring the use of Direct Award Contracts (DACs). He reported that of 40 DACs awarded over the last year, 25 were classified as social care procurement and were below the threshold, but of the remaining 15 which were assessed by the Procurement and Logistics Service (PALS), 13 were rated as “amber” and 2 as “red”. Of these two, he advised that one, relating to advertising, was signed off by the Permanent Secretary with the other signed off by the Chief Executive.
- 34/21.18 Mr Wilson explained that PHA’s advertising agency contract was coming to an end and the option of extending the contract has also been exhausted. He noted that it can take up to 5 months to complete a re-procurement for the contract and as this fell in the middle of the COVID-19 response, PHA had to complete a DAC for one further year. He said that work had now commenced to look at the procurement for the new contract. Mr Stewart asked that given the length of the contract was known, whether the procurement process should have commenced earlier. Mr Wilson said that this happened in the middle of PHA dealing with the COVID-19 response and although the completion of this re-procurement was one of PHA’s objectives for the year, there was no way of fast tracking it once other work had to be stepped up. He reiterated that this is now being addressed. Mr Stewart sought clarity will not be seeking a further extension to the existing contract and Mr Wilson said that this would not be the case and that PHA is looking to start the process to get a new contract in place. Ms Mann-Kler asked whether by doing this PHA has blotted its copybook, but Mr Wilson assured members that everything has been done under the correct procedures.
- 34/21.19 Members noted the update on the use of Direct Award Contracts.

- 35/21** | **Item 10 – Information Governance Action Plan 2019/20 and 2020/21 / Draft Information Governance Action Plan 2021/22 [GAC/27/06/21]**
- 35/21.1 | Ms Braithwaite presented the Information Governance Action Plan for 2019/20 and 2020/21 and explained that normally there was an Action Plan for each year, but given COVID-19 and the fact that the Information Governance Steering Group (IGSG) did not meet, it was decided to do a combined Action Plan for the two years. She said that the Plan has been updated following IGSG meetings in February and May this year and that all Information Asset Owners are invested in the Plan. She went through the key areas and picked up on those actions which were rated as “red”, beginning with the target relating to staff training. She said that while 75% of staff have completed their online information governance awareness training and 71% have completed their online cyber security training, this fell short of the 95% target. She noted that the other two targets rated “red” in that section follow on from that target.
- 35/21.2 | Ms Braithwaite advised that with regard to Personal Data Guardian (PDG) training, she had been keeping in contact with the Privacy Advisory Group to find out when this training will become available.
- 35/21.3 | Ms Braithwaite pointed out that the number of FOI requests that PHA has received has greatly increased and this has placed on staff time in responding to these.
- 35/21.4 | Mr Stewart noted that the issue of eLearning has been around for some time and that while progress has been made, he accepted that with COVID-19 this was not going to be the best year to achieve compliance, but he acknowledged that the uptake has improved. Ms Braithwaite said that with COVID-19 there has been a bigger focus on information governance and compliance so staff training should be up to date. Mr Stewart said that he would be concerned about the implications of a data leak and if, in the event of a public inquiry PHA would be seen as not having met its own targets in terms of training. Ms Mann-Kler said that this area is even more critical given that staff are working from home. She also noted recent cyber-attacks and queried whether PHA should be aiming for a target of 100%. She felt that this would be fundamental especially if PHA moves to a hybrid model of working. She also whether the training could reflect real life examples to make it feel more realistic. Ms Braithwaite said that the content of the training is developed regionally and is kept up to date with the intention of keeping it as interesting and as

interactive as possible. She noted that most staff are only required to completed the training once every three years, while staff accessing personal information are required to complete it annually. She agreed that PHA should be aiming for a target of 100%. Mr Stewart said that the training should be taken seriously, and he felt that PHA is turning a corner but should continue to keep the pressure on staff to complete their training.

35/21.5 Ms Braithwaite moved onto the Action Plan for 2021/22 and said that it mirrored the Action Plan for previous years with the addition of a target relating to an information management system. Mr Stewart said that the need to have an information management system is a matter about which he has had concerns as PHA needs to look at what information it has, who has it and where it is stored and this all needs to be brought together especially given the multiplicity of disciplines across the organisation. He asked if this Action Plan has been discussed at IGSG and Mr Wilson confirmed that this was the case.

35/21.6 Ms Mann-Kler asked about the target date for the information management system and asked whether the objective could be re-worded and the action articulated better. She also asked about the resources required to do this work. Mr Wilson said that the wording could be reviewed, and added that resources is a key issue. He added that a directorate action plan could be put in place, but noted that the development of a new system is an issue that is not unique to PHA. He agreed to link with Ms Braithwaite regarding this. Ms Mann-Kler noted that while there is a cost in undertaking this work, there is also a cost for not undertaking it, a point which Mr Stewart agreed with. Mr Stewart said that at the last meeting the Committee had considered the public health directorate risk register and it highlighted issues about IT systems and as the contact tracing service is also in PHA, there is an urgent need to get all of these systems integrated. He added that it may be worth discussing this at a future PHA Board meeting.

Mr Wilson

35/21.7 Members noted the Information Governance Action Plans for 2019/20, 2020/21 and 2021/22.

36/21 Item 11 – SBNI Declaration of Assurance [GAC/28/06/21]

36/21.1 Mr Wilson explained that PHA acts as corporate host for the Safeguarding Board for Northern Ireland (SBNI) and as part of this arrangement, SBNI is required to provide PHA with this declaration of assurance.

36/21.2 Members noted the SBNI Declaration of Assurance.

37/21 Item 12 – Any Other Business

37/21.1 As there was no other business Mr Stewart drew the meeting to a close and said that a separate meeting with Internal and External Audit would be arranged shortly.

38/21 Item 13 – Details of Next Meeting

Thursday 7 October 2021 at 10:00am

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.

Signed by Chair:

Joseph Stewart

Date: 7 October 2021